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State: OKLAHOMA

STATE PLAN DEFINITION OF HMO

The statutory definition of a HMO as identified in Oklahoma State Statute 2503 is used. Licensure by the Oklahoma Department of Health is the HMO indication of compliance with the statutory definition. The State Medicaid Agency further requires that the HMO minimally include the following:

1. Be organized primarily for the purpose of providing health care services.

2. Make the services it provides to its Medicaid enrollees as accessible to them (in terms of timeliness, amount, duration and scope) as those services are to nonenrolled Medicaid recipients within the area served by the HMO.

3. Make provision, satisfactory to the State Medicaid Agency, against the risk of insolvency and assure that Medicaid enrollees will not be liable for the HMO's debts if it does become insolvent.

A public HMO will meet all the above requirements for an HMO, including all the requirements for licensure. Licensure will not, however, be required for a public HMO (as defined in 42 CFR 434.26(b)(2)). The State Medicaid Agency will determine statutory compliance for a public HMO. The State Medicaid Agency further requires that a public HMO minimally include the following additional requirements:

1. Operate, or contract for the operation of, a public inpatient hospital facility
2. Operate, or contract for the operation of, a public medical pathology laboratory
3. Operate, or contract for the operation of, a public x-ray laboratory
4. Operate, or contract for the operation of, a public outpatient clinic
5. Operate, or contract for the operation of, at least a public marginal level 2 trauma center as determined by the State Department of Health, which provides enhanced pediatric trauma services.
6. Be owned or operated by an Oklahoma State, county, or municipal health department or hospital.

Public and private HMOs will be monitored for compliance with the Quality Assurance Reform Initiative (QARI). The State will monitor the credentialing and recredentialing process as identified in QARI for compliance with 42 CFR 434.67, subpart E(i). In addition, the State will inform health plans of any sanctioned providers as soon as the information is available to the State. Health plans not in compliance will be subject to intermediate sanctions as recommended in 42 CFR 434.67, subpart E(a).

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